09/19/2008 13:51

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For O	ther Than An	Authorize	ed Commit	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAB		xample:If typir ver the lines	ng, type		• • • •		
	American Health Care Assoc	iation Po	olitical Action Com	mittee						
AD	DRESS (number and street)	120	1 L Street, NW							
	Check if different									
L	than previously reported. (ACC)	Was	shington				DC	200	005	
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛦		;	STATE	Z	IPCODE ,	4
	C00006080		3	3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)	Monthly Report Due On:	Feb 20 (M2		May 20 (M5)		ug 20 (M8)	Yea	/ 20 (M11) n-Election r Only)
	(a) Quarterly Reports:		닏	Mar 20 (M3	3)	Jun 20 (M6)	X Se	ep 20 (M9)	(No	20 (M12) n-Election r Only)
	April 15			Apr 20 (M4	1)	Jul 20 (M7)	0	ct 20 (M10)	Jan	31 (YE)
	Quarterly Report(Q July 15	(1)	(c) 12-Day		Primary (12	2P)	Genera	l (12G)	Rur	noff (12R)
	Quarterly Report(Q		PRE-Election Report for the		Convention	(12C)	Specia	(12G)		
	Quarterly Report(C January 31 Quarterly Report(Y		E	lection on			• • •		n the State of	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)		(d) 30-Day Post -Electi Report for th		General (30	0G)	Runoff	(30R)	Spe	ecial (30S)
	Termination Report (TER)		· E	lection on					n the State of	
5.	Covering Period 0.8	3	01 2008	3	through	0 8	31	2008		
	ertify that I have examined this loe or Print Name of Treasurer		and to the best of m s. Gail Clarkson	ıy knowledge	e and belief it	is true, correct	and complet	Э.		
Sig	nature of Treasurer Ele <u>ctro</u>	nically F	iled by Ms. Gail	Clarkson		D	Pate 0	9 19	200	0 8
NO	TE : Submission of false, error	neous, o	or incomplete inform	nation may s	ubject the per	rson signing thi	s Report to t	he penalties o	of 2 U.S.C 4	37g.
	Office Use								FORM 3	X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	eport Covering the Period: From:		To: 0 8 3 1 7 7 7 7 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 .	(a) Cash on Hand January 1 Ž008 Y Y		112871.46
	(b) Cash on Hand at Begining of Reporting Period	27228.51	
	(c) Total Receipts (from Line 19)	28218.00	521115.76
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55446.51	633987.22
.	Total Disbursements (from Line 31)	16916.60	595457.31
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38529.91	38529.91
١.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3^D1 м м 8 0 м м 8 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 484958.99 26405.00 (i) Itemized (use Schedule A) 1813.00 31656.77 (ii) Unitemized (iii) TOTAL (add 28218.00 516615.76 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 2500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 28218.00 519115.76 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 28218.00 521115.76 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 28218.00 521115.76 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1316.60 8513.67 Expenditures..... (c) Total Operating Expenditures 1316.60 8513.67 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 583150.00 15600.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 3793.64 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 3793.64 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 16916.60 595457.31 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 595457.31 16916.60 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	28218.00	519115.76
34.	Total Contribution Refunds (from Line 28(d))	0.00	3793.64
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28218.00	515322.12
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1316.60	8513.67
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1316.60	8513.67

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Poli	name and ad	ldress of any political committee to	o solicit contributions from such committee.
Δ. Α.	Full Name (Last, First, Middle Initial) Steve Ackerson			Date of Receipt
	Mailing Address 6750 Westown Pkwy Ste 100			0 8 2 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C490845
	West Des Moines	<u>IA</u>	50266-7716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer Iowa Health Care Assn.	Occupation Executiv	on re Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3970.00]
- В.	Full Name (Last, First, Middle Initial) Sean Ballance			Date of Receipt
	Mailing Address 301 East Pine Street Suite 350			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C489966
	Orlando FEC ID number of contributing federal political committee.	FL C	32801	Amount of Each Receipt this Period 450.00
	Name of Employer Risk Transfer	Occupation		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
- C.	Full Name (Last, First, Middle Initial) Elton Beebe, Jr.			Date of Receipt
	Mailing Address 1308 Bruton Springs R	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C490796
	Austin	TX	78733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Louisiana Extended Care Centers	Occupation Owner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)			5720.00
-	,		'	-

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
American Health Care Association Full Name (Last, First, Middle Initial)	Political Action Committee	
William Biggs Mailing Address 101 Grace Street		Date of Receipt
City	State Zip Code	0 8 1 8 2 0 0 8 Transaction ID: C491613
<u>Easley</u>	SC 29640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Health Managemnet Resourc- es	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Jim Birchem		Date of Receipt
Mailing Address 211 1 st Street SE		08 DD 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C493623
<u>Little Falls</u>	MN 56345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Eldercare of Minnesota	Occupation President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Roch Carter		Date of Receipt
Mailing Address 111 W Michigan St		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Milwaukee</u>	State Zip Code WI 53203-2903	Transaction ID: C489550 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Unicare Health Facilities	Occupation General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	3125.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one) X 11a
or for commercia	opied from such Reports and S I purposes, other than using the DMMITTEE (In Full) lealth Care Association Pol	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ist, First, Middle Initial)			Date of Receipt 0 8 2 2 2 0 0 8
City Shreveport FEC ID numb	er of contributing	State LA	Zip Code 71135-2389	Transaction ID: C491728 Amount of Each Receipt this Period 1000.00
tion Receipt For: Primary	loyer t Care Corpora-	Occupation President Aggregate		
Full Name (La Patricia Giorgio Mailing Addre		reen Estate		Date of Receipt 0 8 2 5 2 0 0 8
City	3410 12th Avenue Sw	State	Zip Code	Transaction ID: C493624
Cedar Rapi	ds	IA	52404-1307	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		500.00
Name of Emp Evergreen Es	loyer tates	Occupatio Owner	n	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (La Howard Groff	st, First, Middle Initial)			Date of Receipt
Mailing Addre	ss 9031 Penn Avenue S			08 / 08 / 2008
City	n	State MN	Zip Code	Transaction ID: C468322
Bloomingto FEC ID numb federal politica	er of contributing	C	55431-2225	Amount of Each Receipt this Period 1250.00
Name of Emp Tealwood Car	loyer e Centers Inc	Occupatio Presiden		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 3750.00	
				2750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pg the name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Deborah Heeney		Date of Receipt
Mailing Address Tennessee Health 2809 Foster Avenu	le	08 / 15 / 2008
City Nashville	State Zip Code TN 37210	Transaction ID: C489960
FEC ID number of contributing federal political committee.	C 37210	Amount of Each Receipt this Period 1350.00
Name of Employer Tennessee Health Care Association Receipt For: Primary General	Occupation Legislative Coordinator Aggregate Year-to-Date ▼	
Other (specify) ▼	1350.00	
Full Name (Last, First, Middle Initial) Jon Howell Mailing Address 334 Fountainhead	Drive	Date of Receipt 0 8 1 2 2 0 0 8
City	State Zip Code	Transaction ID: C489635
Jefferson FEC ID number of contributing federal political committee.	GA 30549	Amount of Each Receipt this Period 1080.00
Name of Employer Georgia Health Care Assoc-	Occupation State Executive	
iation Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5125 Pine Rocklar	nds Avenue	08 08 2008
City	State Zip Code	Transaction ID: C468320
Lithia FEC ID number of contributing federal political committee.	FL 33547	Amount of Each Receipt this Period 500.00
Name of Employer Cypress Healthcare	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	al)	2930.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Evan Lansing Kolb Mailing Address 2701 Marye Street City Alexandria FEC ID number of contributing federal political committee. Name of Employer Magnolia Management Corporation Receipt For:	State Zip Code LA 71301 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Larry Lane	250.00	Date of Receipt
City Kennett Square FEC ID number of contributing federal political committee. Name of Employer Genesis Receipt For: Primary General	State Zip Code PA 19348-3109 C Occupation Sr VP, Regulatory Affairs Aggregate Year-to-Date ▼	Transaction ID: C489886 Amount of Each Receipt this Period 2000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ned Morse Mailing Address Massachusetts Ext 2310 Washington S City		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Newton Lower Falls FEC ID number of contributing federal political committee.	MA 02462-1449	Amount of Each Receipt this Period
Name of Employer MA Extended Care Federation Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date 375.00	
SUBTOTAL of Receipts This Page (optional	al)	2375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jeffrey Parrish Mailing Address 11156 Sardis-Sco	tts Hill Road		Date of Receipt 0 8 1 8 2 0 0 8
City Scotts Hill FEC ID number of contributing federal political committee.	State TN	Zip Code 38374	Transaction ID: C491614 Amount of Each Receipt this Period 125.00
Name of Employer Tennessee Health Management Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation General Aggregate		
Full Name (Last, First, Middle Initial) Douglas Pendergras Mailing Address 11608 Scott Simp	son Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C489632
EI Paso FEC ID number of contributing federal political committee.	C	79936-6210	Amount of Each Receipt this Period 1000.00
Name of Employer Convalescent Enterprises, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Presiden Aggregate		
Full Name (Last, First, Middle Initial) Shelly Peterson Mailing Address 1900 N 11th Stree			Date of Receipt
Mailing Address 1900 N 11th Stree	? [08 22 7 2008
City Bismarck	State ND	Zip Code 58501-1914	Transaction ID: C491726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	000011014	300.00
Name of Employer North Dakota LTC Associat- ion	Occupation Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
SUBTOTAL of Receipts This Page (option	nal)		1425.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/21 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action	Committee	
Full Name (Last, First, Middle Initial) Sally Rapp			Date of Receipt
Mailing Address 3308 Ocean Bld Suite 280			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C491611
Corona Del Mar	CA	92625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer SR Management Svcs. Inc.	Occupation CEO	١	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Robert Rector	L		Date of Receipt
Mailing Address 4037 Overlook Tra	ail Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C490792
Roanoke	VA	24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Richfield Retirement Comm- unity	Occupation Chief Ope	n erating Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Joseph William Sadler			Date of Receipt
Mailing Address 3049 South Sherw Suite 250	ood Forest Boul	eva	08 19 YYYY 2008
City	State	Zip Code	Transaction ID: C490797
Baton Rouge	LA	70816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Magnolia Ancillary Servic- es	Occupation Regional	n Director of LTC Facilities	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
			1850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/21 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
American Health Care Association P Full Name (Last, First, Middle Initial)	olitical Action	Committee	
Jesse Samples Mailing Address 110 Association Dr			Date of Receipt 0 8 1 2 2 0 0 8
City Charleston	State WV	Zip Code 25311-1217	Transaction ID: C489634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1080.00
Name of Employer West Virginia Health Care Association	Occupatio CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1080.00]
Full Name (Last, First, Middle Initial) Annette Simpkins	<u>'</u>		Date of Receipt
Mailing Address 1100 N 4th St			08 29 2008
City Longview	State TX	Zip Code 75601-4739	Transaction ID: C495082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Highland Pines Nursing & Rehab	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Annette Simpkins			Date of Receipt
Mailing Address 1100 N 4th St			08 29 2008
City Longview	State TX	Zip Code 75601-4739	Transaction ID: C495083
FEC ID number of contributing federal political committee.	C	73001-4739	Amount of Each Receipt this Period 250.00
Name of Employer Highland Pines Nursing & Rehab	Occupatio Administ	rator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
	1	\	1430.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate for each cate Detailed Sun	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association I		used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
David Stallard Mailing Address 1305 West Causew #212	ay Approach	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C493621
Mandeville FEC ID number of contributing federal political committee.	LA 70471	Amount of Each Receipt this Period 2500.00
Name of Employer Covington Suites	Occupation Information Requested	ı
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	2500.00
Full Name (Last, First, Middle Initial) Brad Stebbins Mailing Address 600 E Whaley St		Date of Receipt
		08 22 2008
City Longview	State Zip Code TX 75601-652	Transaction ID: C493254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Stebbins Five Companies	Occupation Owner	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	3750.00
Full Name (Last, First, Middle Initial) David Sylvester		Date of Receipt
Mailing Address 411 North Dillard St	reet	0 8 1 2 2 0 0 8
City Winter Garden	State Zip Code FL 34787-281	Transaction ID: C489633
FEC ID number of contributing federal political committee.	C 34767-281	6 Amount of Each Receipt this Period 250.00
Name of Employer Health Central Park	Occupation Senior VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	750.00
SUBTOTAL of Receipts This Page (optional		4000.00

A.

PAGE 15/21 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Peter Van Runkle Mailing Address 7460 Tottenham PI 0 8 2008 14 Zip Code City State Transaction ID: C490989 New Albany OH 43054-9443 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Ohio Health Care Associat-Occupation **Executive Director** ion Receipt For: Aggregate Year-to-Date General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Marilyn K. Weber Date of Receipt Mailing Address PO Box 386 8 0 8 0 2008 City State Zip Code Transaction ID: C489889 Wellington OH 44090-0386 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Weber Health Care Center, Occupation Superintendent Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	800.00
TOTAL This Period (last page this line number only)	•	26405.00

1500.00

Other (specify)

В.

President

District:

age# 20933101124							
SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (chook						l
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nare							
NAME OF COMMITTEE (In Full) American Health Care Association Politic	al Action Committee						
Full Name (Last, First, Middle Initial) BB & T CREDIT CARD Mailing Address 2200 Wilson Blvd				ion ID: Disbursemer	nt	0 Ý 8	Y
Ste 200 City Arlington	State Zip Code VA 22201-3324		Amount o	of Each Dist	oursemen	t this Pe	eriod
Purpose of Disbursement CC Fees					10)49.03	
Candidate Name		Category/ Type					
Office Sought: House Disburg Senate President State: District:	sement For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) BB & T				ion ID: D	nt		v .
Mailing Address PO Box 819 Operations Center			0 8	3 1	/ <u></u>	0 0 8	
City Wilson	State Zip Code NC 27894-0819		Amount o	of Each Dist			eriod
Purpose of Disbursement Bank Fees					2	267.57	
Candidate Name		Category/ Type					
Office Sought: House Disbur	sement For: Primary General						

SUBTOTAL of Disbursements This Page (optional)	•	1316.60
TOTAL This Period (last page this line number only)	<u> </u>	1316.60

Other (specify)

State:

		3 (FEC Form	y Use s	eparate schedule(S) (chook only	NUMBER: PAGE 17 / 21
ITE	EMIZED DI	SBURSEMEN	for ea	ch category of the ed Summary Page		22 X 23 24 25 28c 29
						for the purpose of soliciting contributions licit contributions from such committee
\	NAME OF COM	<u> </u>				
	Full Name (Last, FREEDOM FL	First, Middle Initial) IND				Transaction ID: D64444 Date of Disbursement
	Mailing Address	1155 21st Stre Suite 300	et NW			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 7 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
	City Washington		State DC	Zip Code 20036		Amount of Each Disbursement this Period
		irsement Federal PACs/Comm	ittees		• •	2500.00
	Candidate Name FREEDOM FU				Category/ Type	
	Office Sought:	House Senate President District:	Disbursement Fo		I	
	•	First, Middle Initial) R SENATE INCO		Transaction ID: D71599 Date of Disbursement		
	Mailing Address	1201 O STREE SUITE 101	ĒΤ			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 2 & 0 \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & 0 & 8 \end{bmatrix} $
	City Lincoln		State NE	Zip Code 68506		Amount of Each Disbursement this Perio
	Purpose of Disbu Contributions to I	rsement Federal Candidates				5000.00
	Candidate Name Mr. Michael O	Johanns			Category/ Type	
	Office Sought: State: NE	House X Senate President District:	Disbursement For Primary Other (ı	
	Full Name (Last,	First, Middle Initial) PR CONGRESS IN	IC.			Transaction ID: D64410 Date of Disbursement
	Mailing Address	9249 South Br #200-501	oadway Blvd.			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 5 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
	City Littleton		State CO	Zip Code 80129		Amount of Each Disbursement this Perio
		irsement Federal Candidates				1000.00
	Candidate Name Mr. Mike Coffn				Category/ Type	
		χ House	Disbursement Fo	r: 2008		
	Office Sought:	Senate President	X Primary Other (y Genera specify) ▼	I	

9	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		_		IE NUMBER: PAGE 18/21								
ľ	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(ch	eck only 21b 27	one) 22 28a	Х	23 28b	F	24 28c	F	25 29	26 30b	
	Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam												5	
	or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political	con	ariiti	lee to soll	CIL CONT	iDUl	ioi is Tr	ort	II SUCII	COITI	ııııee		
	American Health Care Association Politica	I Action Committee												
А.	Full Name (Last, First, Middle Initial) ADAM SMITH FOR CONGRESS COMMIT	TEE				Date of	of D	isburs	en					
	Mailing Address PO Box 23626					8 ^M 0	М	/ D	o 7	7	2	ó o ò	3 ^Y	
	City Federal Way	State Zip Code WA 98093				Amou	nt o	f Each	n D	Disburse	-			
	Purpose of Disbursement Voided contribution				L.					-50	0.00	0		
	Candidate Name Rep. Adam Smith			ateg Typ	,									
	9 1	ement For: 2008 Primary General Other (specify)												
_	State: WA District: 09													
В.	Full Name (Last, First, Middle Initial) ADRIAN SMITH FOR CONGRESS				Date of	of D	isburs	en						
	Mailing Address 3321 Avenue I				8 ^M 0	М	/ D	0 7	7 /	Ž	ó o ò	3 Y		
	City Scottsbluff	State Zip Code NE 69361				Amou	nt o	f Each	n D	Disburse				
	Purpose of Disbursement Contributions to Federal Candidates					L.		-			50	0.00	0	
	Candidate Name Rep. Adrian Smith			ateg Typ										
	Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)												
_	State: NE District: 03													
C.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS				Date of	of D	isburs	en			,	V		
	Mailing Address P.O. Box 45706					0 ^M 8	М	/ D) 1	Ž	2	ó o è	3	
	City Philadelphia	State Zip Code PA 19149				Amou	nt o	f Each	n D	Disburse				
	Purpose of Disbursement Contributions to Federal Candidates										20	0.00)	
	Candidate Name Rep. Allyson Y. Schwartz			ateg Typ										
	Senate President	ement For: 2008 Primary X General Other (specify)												
Г	State: PA District: 13													
	SUBTOTAL of Disbursements This Page (optional)										20	0.00)	
	TOTAL This Period (last page this line number only)				•									

SCHEDULE B (FEC FOIII 3X)		· 1	Use separate schedule(s)		FOR LINE (check on			n.			AGL	19 / 2	21		
		SBURSEMEN		Detailed	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	
or for		ed from such Reports poses, other than usi													3
I \		th Care Association	on Political	Action C	ommittee										
	full Name (Last, I STUPAK FOR	First, Middle Initial) CONGRESS							Date		burse			, · · · · ·	Y
_	Mailing Address	817 Ninth Aver P.O. Box 156							8 0		2	9 /	2	0 0 8	3
M	City Menominee			State MI	Zip Code 49858				Amou	int of	Each	Disbur			
С		rsement ederal Candidates											10	00.00	J
R	Candidate Name Rep. Bart Stup		1				ateg Typ								
	Office Sought:	X House Senate President	Disburser	ment For: Primary Other (spe	2008 X General ecify) ▼										
Fı		District: 01 First, Middle Initial)							Trans	actio	n ID:	D64	440		
	PASCRELL FO	OR CONGRESS IN	NC.						Date 0 8	of Dis		ement 7	Y	0 ŏ 8	Y
_		POB 640		21-1-	7'- O-d-										
T	city otowa			State NJ	Zip Code 07511				Amol	Int of	Eacn	Disbur		oo.00	
С	Purpose of Disbu Contributions to F Candidate Name	rsement ederal Candidates								-			00	00.00	,
R	Rep. Bill Pascr		1				ateg Typ	-							
	Office Sought:	X House Senate President District: 08	Disburser	ment For: Primary Other (spe	2008 X General ecify) ▼										
Fı	ull Name (Last,	First, Middle Initial) _Y FOR CONGRE	: :SS						Date	of Dis	burse	D64		· · · · · ·	V
M	Nailing Address	P.O. Box 1961							0 ^M 8	M /	^D 0	7 /	' 2	0 ŏ 8	3 '
	City South Bend			State IN	Zip Code 46634				Amou	ınt of	Each	Disbur			
С		rsement ederal Candidates							L.	_			į	500.00)
С	Candidate Name Rep. Joe Donn						ateg Typ								
R	Office Sought:	χ House Senate	Disburser	Primary	2008 X General										
Ō	State: IN	President District: 02		Other (spe	echy) 🔻										

ITEMIZED DISBURS		e separate schedule(S) (chook or	E NUMBER: PAGE 20 / 21
	Deta	each category of the ailed Summary Page	21b	22 X 23 24 25 28 28 28 29
				for the purpose of soliciting contributions colicit contributions from such committee
NAME OF COMMITTEE (In American Health Care A	,	on Committee		
Full Name (Last, First, Middle SESTAK FOR CONGRE	,			Transaction ID: D64439 Date of Disbursement
Mailing Address P.O. B	ox 16			08 07 7 2008
City Media	State PA	Zip Code 19063		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Can	didates			2000.00
Candidate Name Rep. Joe Sestak			Category/ Type	
Office Sought: X House Senat	te Prima		1	-
State: PA District: (Full Name (Last, First, Middle MARSHA BLACKBURN	e Initial)			Transaction ID: D64442 Date of Disbursement
Mailing Address PO Bo	x 682185			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Franklin	State TN	Zip Code 37068		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Can	didates			100.00
Candidate Name Rep. Marsha Blackburn			Category/ Type	
Office Sought: X House Senat President	te Prima dent Other		ı	
State: TN District: 0				Transaction ID: D64437
Full Name (Last, First, Middle KING FOR CONGRESS				Date of Disbursement
KING FOR CONGRESS				Date of Disbursement Date of Disbursement
KING FOR CONGRESS) 	Zip Code 51458		08 07 7 2008
KING FOR CONGRESS Mailing Address 532 Fit City	rst Ave Suite 312 State IA	Zip Code 51458		08 07 7 2008
KING FOR CONGRESS Mailing Address 532 Fit City Council Bluffs Purpose of Disbursement	rst Ave Suite 312 State IA		Category/ Type	Amount of Each Disbursement this Perio
KING FOR CONGRESS Mailing Address 532 Fit City Council Bluffs Purpose of Disbursement Contributions to Federal Can Candidate Name	State IA didates Disbursement Fite Prima dent Other	51458 For:2008	Туре	Amount of Each Disbursement this Period

9	CHEDULE B (FEC Form 3)	^																
	•	' ∣ Use sepa						R LINE NUMBER: PAGE 21 / 21 eck only one)										
ΙT	EMIZED DISBURSEMENTS		category of the		21b		22	X 23		1 24	\Box	25	\neg	26				
		Detailed S	Summary Page	\parallel	27	Н	28a	28k	,	28c	Н	29	\dashv	30b				
	y Information copied from such Reports and for commercial purposes, other than using the such as the s	•						•		_								
$\overline{\ }$	NAME OF COMMITTEE (In Full)																	
/	American Health Care Association I	Political Action Co	ommittee															
	Full Name (Last, First, Middle Initial)						Trans	action l	D : [06443	5							
	MIKE CRAPO FOR US SENATE						Date	of Disbu	rseme	ent								
	Mailing Address PO BOX 1948						0 ^M 8	M / I	07	/ Y	ž	0 ŏ 8	Y					
	City BOISE	State ID	Zip Code 83701				Amou	nt of Ea	ch Dis	sburse				t				
	Purpose of Disbursement Voided contribution						<u></u>				-25	00.00						
	Candidate Name Sen. Mike Crapo			Catego Type	•													
	X Senate President	Disbursement For: Primary Other (spe	2008 X General cify) V															
	State: ID District: 00																	

SUBTOTAL of Disbursements This Page (optional)	•	-2500.00
TOTAL This Period (last page this line number only)	<u> </u>	15600.00